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UNITED STATES PATENT AND TRADEMARK OFFICE
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Bib Data Sheet

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/639,599 | FILING DATE 08/16/2000 RULE - | CLASS 403 | GROUP ART UNIT 3629 | ATTORNEY DOCKET NO. TOB/102/US | |
| APPLICANTS Alex S. Toback, West Hartford, CT ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/149,414 08/17/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/2000 <div style="text-align: right;">** SMALL ENTITY **</div> | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY CT | SHEETS DRAWING 9 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 3 |
| ADDRESS | | | | | |
| 002543 | | | | | |
| TITLE | | | | | |
| Connection system for steel construction | | | | | |
| FILING FEE RECEIVED 345 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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CONFIRMATION NO. 2976

| | | | | | |
|---|---|-------------------------------|--|--------------------------------------|--------------------------------|
| SERIAL NUMBER 09/639,599 | FILING DATE 08/16/2000 RULE | CLASS 029 | GROUP ART UNIT 3726 | ATTORNEY DOCKET NO. TOB/102/US | |
| APPLICANTS Alex S. Toback, West Hartford, CT; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/149,414 08/17/1999 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/27/2000 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY CT | SHEETS DRAWING 9 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 3 |
| ADDRESS 002543 ALIX YALE & RISTAS LLP 750 MAIN STREET SUITE 1400 HARTFORD , CT 06103 | | | | | |
| TITLE Connection system for steel construction | | | | | |
| FILING FEE RECEIVED 465 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) | | |